



Studies on Disorder of Split Personalities

Kushal Nandi

Research Scholar, Department of English, Techno-India University, Kolkata- 700091, India

Received: 05 Mar 2026; Received in revised form: 03 Apr 2026; Accepted: 06 Apr 2026; Available online: 11 Apr 2026

©2026 The Author(s). Published by Infogain Publication. This is an open-access article under the CC BY license

(<https://creativecommons.org/licenses/by/4.0/>).

Abstract— Within the last decade, Dissociative Identity Disorder (DID) formerly known as Multiple Personality Disorder, has been increasingly diagnosed, studied, and treated. Emerging research suggests that the condition is not as rare as once believed; rather, it often remains unrecognized due to overlapping symptoms with other psychiatric disorders. DID is widely understood as a trauma-related condition, frequently associated with severe childhood abuse and conceptualized as a chronic dissociative form of post-traumatic stress disorder. This study examines the etiology, symptomatology, diagnostic criteria, and treatment approaches associated with DID, along with the historical controversies surrounding its classification. Individuals with DID typically exhibit two or more distinct personality states, each with its own memories, behaviors, and identity characteristics, leading to significant disruptions in functioning and continuity of self. Despite challenges in diagnosis, the disorder shows a favourable prognosis when managed through intensive and long-term psychotherapy conducted by experienced clinicians. This paper aims to provide a comprehensive understanding of DID and highlight the importance of accurate diagnosis and effective therapeutic interventions.



Keywords— Dissociative Identity Disorder, Personality Disorder, Etiology, Diagnosis, Trauma, Psychotherapy.

I. INTRODUCTION

Dissociative Identity Disorder (DID), previously known as Multiple Personality Disorder, is a complex psychological condition characterized by the presence of two or more distinct identities or personality states within a single individual. These identities may alternately control a person's behavior, leading to significant disruptions in daily functioning. Research indicates that severe traumatic experiences, particularly during early life, play a crucial role in the development of DID by affecting both neurological functioning and psychological resilience. Dissociative identity disorder, often referred to as "split personality," involves the coexistence of multiple identities within one person, each with its own patterns of thinking, behavior, and memory. This often results in amnesia and difficulty in maintaining continuity of self, reflecting the complexity of the human mind and its response to trauma. Dissociation occurs when thoughts, memory, and awareness become disconnected from the surrounding environment, and DID represents one of the

most severe forms of dissociative disorders. It may lead to serious consequences, including self-harm and suicidal tendencies. Although popular media often portrays individuals exhibiting multiple personalities, such occurrences, while rare, are clinically recognized phenomena. Dissociative disorders include dissociative identity disorder, dissociative amnesia, and depersonalization/derealization disorder, each differing in symptoms but sharing the underlying feature of disrupted integration of mental processes (Cutler and Reed, 1975).

HISTORY

Historically, unusual psychological behaviors were often attributed to supernatural forces or possession, and in many cultures such manifestations were interpreted as divine or spiritual influences. Modern psychology, however, recognizes that in certain contexts these experiences may be classified as dissociative possession trance disorders, particularly when they occur involuntarily and interfere with normal functioning. The earliest documented cases resembling DID date back to the

19th century, when the condition was initially described as “disintegrated personality” and later gained formal recognition in the DSM-III (Marmer, 1980). Over time, the concept of DID has evolved alongside advancements in understanding trauma and its impact on mental health. Individuals with DID may develop multiple identities, sometimes even dozens, with each identity differing significantly in behavior, temperament, age, and gender. One identity may exhibit submissive traits while another may display aggression or impulsivity, and often one identity is unaware of the actions of another. Traumatic childhood experiences such as physical abuse, emotional neglect, or sexual abuse are considered major contributing factors. Neurobiological studies suggest increased activity in regions such as the prefrontal cortex and parietal cortex, while structures like the hippocampus and amygdala may be reduced in size (personal communication: Dr. Aritra Chakravorty, 2025).

SYMPTOMS, ETIOLOGY, METHODS AND DIAGNOSIS

Dissociative Identity Disorder is distinguished from other dissociative conditions by the presence of multiple distinct identities that control behavior, along with symptoms such as memory gaps, blackouts, mood instability, anxiety, depression, and impaired daily functioning (Walker, Brozek and Maxfield, 2008). Additional symptoms include dissociative amnesia, emotional numbness, disorientation, hallucination-like experiences, and detachment from reality (Lample-de Groot, 1981). Individuals often experience cognitive impairments such as difficulty concentrating, confusion, and disorientation, which significantly affect their personal and professional lives. Each identity, or alter, may have a unique name, history, and behavioral pattern, and these identities may differ in age, gender, and emotional responses. Switching between identities frequently results in memory loss and disruption in personal and social functioning (Wheeler, 2017). Physical symptoms may include headaches, fatigue, sleep disturbances, and unexplained pain (Wilbur, 1984). DID is strongly associated with trauma, particularly during childhood, and is often considered a coping mechanism that allows individuals to detach from painful experiences (Avinuo, 2015). Neuroimaging studies indicate altered brain activity in regions such as the cingulate cortex and temporal lobes. DID is frequently misdiagnosed as borderline personality disorder, bipolar disorder, or schizophrenia due to overlapping symptoms, making accurate diagnosis essential (Das, 2023). Diagnosis involves detailed clinical interviews, psychological assessments, evaluation of personal history, and information from family members or close associates (Beale, 1978; Allison, 1974). According to the American

Psychiatric Association (2013), DID involves disruptions in identity and memory accompanied by significant distress, and proper diagnosis requires ruling out other psychiatric or neurological conditions.

TREATMENT

Treatment of Dissociative Identity Disorder primarily involves psychotherapy aimed at integrating identities and addressing underlying trauma. Various therapeutic approaches such as cognitive behavioral therapy, psychodynamic therapy, trauma-focused therapy, and ego-state therapy are commonly used. Medications are not used to treat DID directly but are prescribed to manage associated symptoms such as anxiety and depression (Kohlenberg, 1973). The treatment process typically involves stabilization, trauma processing, and integration. Stabilization focuses on ensuring safety, emotional regulation, and development of coping strategies. Trauma processing involves addressing and resolving traumatic memories using techniques such as exposure therapy and cognitive restructuring. Integration aims to merge different identities into a cohesive sense of self while improving overall functioning. Support systems, including family, friends, and community, play a crucial role in recovery. Complementary approaches such as mindfulness, yoga, and art therapy may further enhance emotional stability and well-being.

II. THEORETICAL FRAMEWORK

Freudian psychoanalysis provides a theoretical basis for understanding dissociative identity disorder. According to Freud (1895), personality consists of three components: the Id, Ego, and Superego. The Id operates on the pleasure principle and represents instinctual desires, while the Ego operates on the reality principle and mediates between the Id and external reality. The Superego represents moral values and societal norms. An imbalance among these components may contribute to psychological disturbances. The Ego plays a crucial role in regulating impulses and maintaining balance, preventing extreme expressions of instinctual or moral drives (Suprenant, 2006; Mangal, 2007).

III. ANALYSIS

Dissociative Identity Disorder is widely understood as a result of severe and prolonged trauma, particularly during early childhood. Factors such as physical, emotional, or sexual abuse, childhood neglect, chronic stress, and repeated traumatic experiences contribute significantly to the development of the disorder. Biological and environmental factors also influence its onset, as genetic

predisposition, neurological variations, and insecure attachment styles may increase vulnerability to dissociation. According to DSM-5 criteria, DID is characterized by the presence of two or more distinct identities, recurrent memory gaps, and significant distress or impairment in functioning. These symptoms must not be attributable to substance use or culturally accepted practices (Hilgard, 1977). The disorder reflects a fragmentation of identity as a coping mechanism in response to overwhelming stress, resulting in difficulty maintaining a unified sense of self and continuity of experience.

IV. CONCLUSION

Dissociative Identity Disorder is often associated with other mental health conditions such as depression, post-traumatic stress disorder, substance abuse, and eating disorders. A significant proportion of individuals with DID may experience severe symptoms, including suicidal tendencies, highlighting the seriousness of the condition. Although earlier theories linked DID with psychosis or schizophrenia, it is now recognized as a distinct disorder. With appropriate treatment, particularly psychotherapy, symptoms can be managed effectively. A supportive environment plays a crucial role in recovery, as individuals benefit from being able to express and process traumatic experiences. Suppression of such memories may worsen symptoms, whereas open expression can lead to psychological relief. Pharmacological treatment, especially antidepressants, may be used to manage associated conditions. The high prevalence of suicidal tendencies among individuals with DID emphasizes the importance of early diagnosis, continuous support, and comprehensive treatment approaches.

ACKNOWLEDGEMENTS

I express my sincere gratitude to Prof. Sucheta Kapoor for her continuous guidance and inspiration in this study. I am also thankful to the librarians of the National Library, Jadavpur University, and Calcutta University for providing access to valuable resources. I extend my appreciation to medical professionals, patients, and psychologists for their insights and personal communications, which contributed significantly to this work.

REFERENCES

[1] Allison, R. B. (1974). A new treatment approach for multiple personalities. *American Journal of Clinical Hypnosis*, 17, 15–32.

[2] Dalenberg, C. J., Brand, B. L., Gleaves, D. H., et al. (2012). Evaluation of the evidence for the trauma and fantasy models of dissociation. *Psychological Bulletin*, 138(3), 550–588. <https://doi.org/10.1037/a0027447>

[3] Beale, E. W. (1978). Use of the extended family in the treatment of multiple personality. *American Journal of Psychiatry*, 135, 539–542.

[4] [4] Cutler, B., & Reed, J. (1975). Multiple personality: A single case study with a 15-year follow-up. *Psychological Medicine*, 5, 18–26.

[5] Hilgard, E. R. (1977). *Divided consciousness: Multiple controls in human thought and action*. John Wiley & Sons.

[6] Kohlenberg, R. J. (1973). Behavioristic approach to multiple personality: A case study. *Behaviour Therapy*, 4, 137–140.

[7] Lample-de Groot, J. (1981). Notes on multiple personality. *Psychoanalytic Quarterly*, 50, 614–624.

[8] Mangal, S. K. (2007). *Advanced educational psychology*. Prentice Hall.

[9] Marmer, S. S. (1980). Psychoanalysis of multiple personality. *International Journal of Psychoanalysis*, 61, 439–459.

[10] Freud, S. (1895). *Studies on hysteria* (Vol. 1, pp. 283–397). Hogarth Press.

[11] Das, S. R. (2023). *Jibaner path*. Prachar Prasara Samiti and Sarbo Sangato Satlok Ashrama.

[12] Suprenant, C. (2006). Freud and psychoanalysis. In P. Waugh (Ed.), *Literary theory and criticism*. Oxford University Press.

[13] Walker, H., Brozek, G., & Maxfield. (2008). *Breaking free: My life with dissociative identity disorder*. Simon & Schuster.

[14] Wheeler, K. (2017). *Varcarolis' foundations of psychiatric-mental health nursing: A clinical approach*. Elsevier Health Sciences.

[15] Wilbur, C. (1984). The psychology of multiple personality. *Psychiatric Annals*, 14(1).